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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b> <small>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</small>		<b>Complete if Known</b>	
		Application Number	10/693,104
		Filing Date	October 27, 2003
		First Named Inventor	Shinji UCHIDA
		Examiner Name	D. D. Le
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. 1.27		Art Unit	2834
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>Attorney Docket No.</b>	00862.023280

**METHOD OF PAYMENT (check all that apply)**

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   Deposit Account Number: 06-1205   Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17   ☒ Credit any overpayments

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**      **Multiple Dependent Claims**

13 - 20 or HP = 0 x 50.00 = 0.00      **Fee (\$)**      **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

5 - 5 (HP) = 0 x 200.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification, drawings, and any Preliminary Amendment exceed 100 sheets of paper in total, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

           - 100 =            / 50 =            (round up to a whole number) x 250.00 =           

**4. OTHER FEE(S)**

Non-English Specification,      \$130 fee (no small entity discount)      **Fees Paid (\$)**

Other: \_\_\_\_\_

<b>SUBMITTED BY</b>			
Signature		Registration No. 32,533 (Attorney/Agent)	Telephone 202-530-1010
Name (Print/Type)	Scott D. Malpede		Date: December 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions



00862.023280

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Shinji UCHIDA

Application No.: 10/693,104

Filed: October 27, 2003

For: POSITIONING APPARATUS AND  
CHARGED-PARTICLE-BEAM EXPOSURE  
APPARATUS

)  
: Examiner: D. D. Le  
)  
: Group Art Unit: 2834  
)  
: Confirmation No.: 1628  
)  
:  
) December 29, 2005  
:  
)

**Mail Stop Amendment**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated September 29, 2005, please amend the above-identified application as follows: